

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>	<i>202005</i>	<i>1-10-00</i>
O.I.P.E. CLASSIFIER		<i>99</i>	<i>124 00</i>
FORMALITY REVIEW	<i>30</i>	<i>67369</i>	<i>2/5/00</i>
RESPONSE FORMALITY REVIEW		<del><i>67369</i></del>	

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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